

**CITY OF WYOMING, MICHIGAN
CIVIL RIGHTS COMPLAINT**

The City of Wyoming has a comprehensive Civil Rights Policy accessible at <https://wyomingmi.gov> or by contacting the City Clerk at (616) 530-7296. Complaints alleging violations of that policy or illegal discrimination under applicable federal and state laws, rules, regulations, orders, directives, guidelines, or other requirements can be made either by completing and submitting this complaint form or by filing a written letter or other document that provides the same information.

Complaints must be filed within 180 days of the alleged discrimination or other noncompliance with the Civil Rights Policy. If you could not have reasonably known the act or incident was discriminatory or violated that policy within 180 days, you have 60 days after you became aware to file your complaint.

If you need assistance completing this form, please contact the Human Resources Department by phone at (616) 530-3173 or via e-mail at hr_fax@wyomingmi.gov.

Complainant's name: _____

Complainant's address: _____
Street Address City State Zip

Cell or Phone #: _____ E-mail address: _____

Information about person affected by discrimination or violation(s) of the Wyoming Civil Rights Policy.

Affected person's name (if different than Complainant) & relationship to Complainant (e.g., child, spouse, client, etc.):

Address: _____
Street Address City State Zip

Cell or Phone #: _____ E-mail address: _____

What is the relationship of the complainant to the affected person? _____

What city officer, employee or body or what city contractor was involved in the discrimination or policy violation?

On what date(s) did the discrimination or policy violation occur? (Be sure to state the most recent date.)

Indicate below the basis on which you believe the discriminatory or noncompliant actions were taken.

<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Income
<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Other reason prohibited by law
<input type="checkbox"/> Height or Weight		

Explain: Please explain as clearly as possible what happened. Include the name(s) and contact information (address, cell #, e-mail address) of witness(es) and others involved in the alleged discrimination or noncompliance. Attach additional sheets if necessary and provide a copy of any written material pertaining to your case.

I attest that the statements in this complaint are true and accurate to the best of my knowledge.

Date signed: _____, 202__

When completed, submit to:

Wyoming Human Resources
1155 28th Street SW, PO Box 905
Wyoming, MI 49509-0905
Phone: (616) 530-3173
Fax: (616) 261-7103
E-mail: hr_fax@wyomingmi.gov